



North Carolina Department of Health and Human Services  
Division of Public Health

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To: All North Carolina Health Care Providers  
From: Megan Davies, MD, State Epidemiologist  
Re: **Update on 2013–14 Influenza Season**

This memo is intended to provide clinicians with updated epidemiologic information regarding the 2013–14 influenza season and to reinforce important prevention and control measures for the remainder of the season.

Influenza activity has been widespread in North Carolina since mid-December. So far, the predominant virus circulating in North Carolina and nationally has been the influenza A (H1N1) pdm09 virus (pH1N1), which first emerged in 2009. The pH1N1 virus tends to affect young and middle-aged adults disproportionately. Of 21 influenza-associated deaths that have been reported among North Carolina residents during the current season, all but two have been among adults aged 25–64 years. The pH1N1 virus has also been linked to more severe illness among pregnant/post-partum women and persons with morbid obesity.

**Prevention and Control Recommendations**

- **Continue to offer flu vaccine to all patients ≥6 months of age.** Vaccination is particularly important for persons at higher-risk for serious illness, including pregnant/post-partum women, persons with morbid obesity, and persons with certain medical conditions.\*
- **Decisions regarding treatment should be based on clinical and epidemiologic information, rather than on test results.** Rapid tests cannot rule out influenza infection and treatment should not be delayed while awaiting laboratory confirmation.
- **Antiviral treatment** is most effective when started within 48 hours of illness onset. However, treatment of persons with prolonged or severe illness can reduce mortality and duration of hospitalization even when started more than 48 hours after onset of illness. Antiviral treatment is recommended as early as possible for individuals with suspected or confirmed influenza who have any of the following:
  - Illness requiring hospitalization,
  - Progressive, severe, or complicated illness, regardless of previous health status, or
  - Increased risk for severe disease.

This guidance might change as the influenza season progresses. Additional guidance and weekly surveillance updates are available at [www.flu.nc.gov](http://www.flu.nc.gov).

\*High risk medical conditions include: Asthma; neurological and neurodevelopmental conditions; chronic lung diseases (such as COPD and cystic fibrosis); heart diseases (such as congenital heart disease, congestive heart failure and coronary artery disease); blood disorders (such as sickle cell disease); endocrine disorders (such as diabetes); kidney disorders; liver disorders; metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders); and weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids).

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.publichealth.nc.gov](http://www.publichealth.nc.gov)

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